

## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	<b>MEDICAL DEVICE WITH VARYING PHYSICAL PROPERTIES AND METHOD FOR FORMING SAME</b>		
Application Type: regular, utility Attorney Docket Number: S63.2-11032-US01			
Correspondence address:  Customer Number: 490 *490*			
Inventors Information:  <u>Inventor 1:</u> Applicant Authority Type: Inventor Citizenship: US Given Name: Robert Middle Name: E. Family Name: Burgmeier City of Residence: Plymouth State of Residence: MN Country of Residence: US Address-1 of Mailing Address: 2740 Garland Lane N Address-2 of Mailing Address: City of Mailing Address: Plymouth State of Mailing Address: MN Postal Code of Mailing Address: 55447 Country of Mailing Address: US Phone: Fax:			

E-mail:

Inventor 2:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Richard  
**Family Name:** Goodin  
**City of Residence:** Blaine  
**State of Residence:** MN  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 12801 Hapers Street NE  
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**City of Mailing Address:** Blaine  
**State of Mailing Address:** MN  
**Postal Code of Mailing Address:** 55449  
**Country of Mailing Address:** US  
**Phone:**  
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Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Joseph  
**Family Name:** Delaney  
**Name suffix:** Jr.  
**City of Residence:** Minneapolis  
**State of Residence:** MN  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 3621 17th Avenue S.  
**Address-2 of Mailing Address:**

City of Mailing Address: Minneapolis

State of Mailing Address: MN

Postal Code of Mailing Address: 55407

Country of Mailing Address: US

Phone:

Fax:

E-mail:

Inventor 4:

Applicant Authority Type: Inventor

Citizenship: US

Given Name: Larry

Family Name: Peterson

City of Residence: Champlin

State of Residence: MN

Country of Residence: US

Address-1 of Mailing Address: 9242 Lake Side Trail

Address-2 of Mailing Address:

City of Mailing Address: Champlin

State of Mailing Address: MN

Postal Code of Mailing Address: 55316

Country of Mailing Address: US

Phone:

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E-mail:

Attorney Information:

Name	Registration Number
Scott Q. Vidas	<del>43071</del> 30812

**Assignee 1:**

**Organization Name:** Scimed Life Systems, Inc.  
**Address-1 of Mailing Address:** One Scimed Place  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Maple Grove  
**State of Mailing Address:** MN  
**Postal Code of Mailing Address:** 55331  
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